Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
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Name and Address of Reporting Person*     Santos Esteban					2. Issuer Name <b>and</b> Ticker or Trading Symbol AMGEN INC [ AMGN ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Samos	ESteball								_					Direc			10% Ov	
													4 :	X Office belov	er (give title		Other (s	specify
(Last)	(Fi	rst) (1	Middle)		3. Date of Earliest Transaction (Month/Day/Year)							belov	,		below)			
ONE AMGEN CENTER DRIVE			03/02	03/02/2021							EVP, O	perat	nons					
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable							
THOUS	AND _													Line)				
OAKS	C/	A 9	1320-1	799										•	orting Perso			
														Form filed by More than One Reporting Person				
(City)	(St	ate) (2	Zip)											Feisc	,,,,			
(-19)																		
		Table	I - Nor	า-Deriva	tive S	ecuri	ities Acq	uired,	Dis	posed of	, or E	3ene	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			ay/Year) Execution		ution Date,	Transaction Disposed Code (Instr. 5)		ties Acquired (A I Of (D) (Instr. 3			Benefic	ies	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						. ,		<del></del>		(A) or Pri			Report Transa	ed ction(s)				
								Code	V	Amount	(D)		Price		3 and 4)			
Common	Stock			03/02/	2021			A		8,725	A	A	\$0 53,251 <sup>(1)(2)</sup> D				D	
Common	Stock												1 771 ()398 <sup>(3)</sup> 1 1				401K	
														Plan				
		Tal	ble II -	Derivati	ve Se	curiti	es Acqu	ired, C	Dispo	sed of,	or Be	enef	iciall	y Owne	d			
				(e.g., pu	ıts, ca	ılls, w	arrants,	optio	ıs, c	onvertib	le se	curi	ties)					
1. Title of 2. Derivative Conversi				med on Date,	4. Transac		5. Number		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			3. Price of Derivative	9. Number derivative	of	10. Ownership	11. Nature of Indirect
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)		Transaction Code (Instr. 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Date (Month/Day/Year)						Security (Instr. 5)	curity Securities	S F Ily C	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				$\neg \Box$					Amo	ount								

## **Explanation of Responses:**

1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 1,171 RSUs which vest on 5/1/2021; 2,114 RSUs which vest in installments of 1,041 on 4/27/2021 and 1,073 on 4/27/2022; 3,947 RSUs which vest in installments of 1,302 on 5/3/2021, 1,303 on 5/3/2022 and 1,342 on 5/3/2023; and 3,384 RSUs which vest in installments of 1,116 on 5/5/2022, 1,117 on 5/5/2023 and 1,151 on 5/5/2024. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.

(D)

Date Exercisable

Expiration Date

- 2. These shares include 574 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. Amended and Restated 2009 Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited to the reporting person's unvested RSUs and are paid out in shares of the Company's common stock on a one-to-one basis according to the vesting schedule, along with a cash payment for any remaining fractional share amount.
- 3. These shares are acquired under the Company's 401(k) Plan and represent interests in the Company's stock fund as of this filing.

/s/ Esteban Santos

Number

Shares

Title

03/03/2021

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.